

**STRATEGIC PLAN FOR PEOPLE WITH DISABILITIES
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#	Goals / Objectives	Status/ Target Dates	Commentary
	Goal 1: Social policy, program structure, regulation and planning affecting the lives of children and adults with disabilities will fully reflect their views, culture and involvement.		
1	a. Establish a permanent 15-member State Disability Service Coalition	Target Date: 2005-2011	By Executive Order, the Governor has appointed an Accountability Committee to monitor the plan and to revise and update as necessary.
2	b. Establish by Executive Order, and renewed by each succeeding Nevada governor that: <ul style="list-style-type: none"> All state funded managed care programs currently serving or intending to serve children and adults with disabilities include a representative number of knowledgeable adults with disabilities and families of children with disabilities in the design, planning, approval and evaluation of such programs, and include at the minimum, the recommendations of the Health Care Financing Administration (HCFA), now CMS, 2000 Report to Congress; 		
3	<ul style="list-style-type: none"> Boards, commissions and decision-making bodies whose actions substantially impact the lives of children and adults with disabilities include the participation of informed adults with disabilities and their families; 		This is part of the Governor's Executive Order (see #1 above)
4	<ul style="list-style-type: none"> All state agencies will adhere to established principals and core values in providing and operating their programs; 		This is part of the Governor's Executive Order (see #1 above)
5	<ul style="list-style-type: none"> All state agencies providing disability services regularly consult with adults with disabilities and families of children with disabilities, including those in rural areas and on reservations, when planning budgets and services or developing policy, technology, location and other issues that will affect them; 		DHCFP established bi-annual status check meetings for those receiving assistance through the Waiver for Persons with Physical Disabilities as a means to obtain feedback on services.

General note: Items left blank either need further clarification by the Accountability Committee or significant progress has not been made to date to report.

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6	<ul style="list-style-type: none"> In formulating policies affecting children and adults with disabilities, state and county agencies consult with and be guided by respect for Indian Tribal self government and sovereignty, and encourage tribes to develop their own policies to achieve mutual objectives; and, 		
7	<ul style="list-style-type: none"> The state's service delivery system for children and adults with disabilities and their families be guided, in all operations, by the core values established by the Governor's Task Force on Disability and guiding principles established by people with disabilities and their families. 		This is part of the Governor's Executive Order (see #1)
8	c. Establish, by legislative resolution, renewed by every succeeding session of the legislature, that general legislative initiatives impacting children and adults with disabilities include consideration of the potential effects such legislation may have on their lives and access to services.		
9	d. Develop local agreements to ensure public accommodations and private and non-profit community agencies providing social, recreational, health and other services to the general public consult with children and adults with disabilities and their families in planning processes to avoid development of costly "separate" systems of services.		
10	e. Conduct an Indian Summit and follow-up session of tribal and state governmental leaders to explore and implement mutually effective communication, policy, planning, and service delivery strategies for Native Americans with disabilities residing on reservations. Review progress biennially.	Partially Implemented Target Date: 2005 & 2009	The Governor's Council on Developmental Disabilities and the Nevada Disability Advocacy and Law Center are planning to hold the Indian Summit in the Fall of 2004.
11	f. Establish, implement and monitor recommendations of a sun-setting statewide task force on minority populations with disabilities to assist in the review and modification of ongoing and prospective planning, service delivery, data collection, research, outreach and evaluation related to children and adults with disabilities.	Target Date: 2005	.

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	GOAL 2: Service provision to people with disabilities in the most integrated, appropriate settings will be assured through the application and resulting service plans of individualized, setting neutral assessments and expedited service entry.		
12	a. Develop, implement, and monitor setting neutral assessments (SNA) through a collaborative effort of county social service, facility representative, Nevada Medicaid, Department of Education, Division for Aging, Mental Health and Developmental Services, and Office of Community Based Services staff with an equal representation of knowledgeable advocates, adults with disabilities, and family members of disabled children.	Partially Implemented	<p>The state Personal Assistance Services Council, the Office of Disability Services and the Centers for Independent Living worked with an Olmstead consultant to develop a proposed SNA. That tool has been field-tested by the Centers for Independent Living and has assisted in transferring four individuals from institutional to community settings. The SNA tool is now being reviewed by interested state agencies for suggested revisions and possible adoption into their programs.</p> <p>The Division for Health Care Financing and Policy (DHCFP) has implemented a pilot project, called Facility Outreach Community Integration Services (FOCIS), which assists Medicaid recipients with transition from nursing facilities and hospitals to a community setting.</p>
13	b. Individually determine, through independent, advocacy-driven application of the SNA by community-based providers, which children and adults currently receiving services in unnecessarily restrictive institutional or group care settings could, with reasonable modifications, receive services in the community.	Partially Implemented Target Date: 2005-2011	See #12 above
14	c. Provide annual and intermittent training for minimum data set (MDS) coordinators, and other appropriate staff of institutional, acute and group care facilities in the philosophy and use of the setting neutral assessments and “no wrong door” resources.	Partially Implemented Target Date: 2005-2011	See #15 below

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15	d. Require discharge plans for all people with disabilities being transferred from institutional care and group care which are paid from state resources, include at a minimum, advance provisions for: 1) personal/social adjustment; 2) special evaluations; 3) integrative therapies; 4) life skills training; 5) psychosocial interventions; 6) assistive technology; 7) drug and supply need; 8) medical care; 9) transportation; 10) in-home assistance; 11) environmental modification; 12) family counseling; 13) case management; 14) caregiver training, and; 15) housing.	Partially Implemented	<p>The Office of Disability Services applied for and was awarded a three-year \$750,000 grant from the federal Centers for Medicare and Medicaid Services, to implement a “Money Follows the Person” initiative in Nevada. This project will be a partnership between private-sector advocacy organizations and several agencies within the Department of Human Resources.</p> <p>This partnership will capitalize on the best practices employed by other states and seeks to rebalance the institutional and community-based services provided by Nevada Medicaid. Strategies will include the diversion of people from institutional placement, the identification of individuals for community transition, the strengthening of community-based services to support community living, and the promulgation of policy changes needed to support the concept of money follows the person.</p> <p>DHCFP is required under SB 137, passed in the 2003 session, to conduct a feasibility study of implementing “Money Follows the Person” in Nevada and to report on its progress by June 2004.</p>
16	e. Identify and transfer people in institutional care who can be served in the community, and who do not oppose such transfer, assuring appropriate discharge planning, transitional supports and targeted services coordination in the process.	Partially Implemented Target Date: 2005-2011	See #15 above
17	f. Develop a rider to Medicaid budgets based on the Texas model. Modify existing policy to allow a “money follows the person” pilot for children and adults assessed to be in unnecessarily restrictive residential environments. Track results for large-scale implementation.	Partially Implemented	See #15 above

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18	g. Expand Pre-Admission Screening Annual Resident Review (PASARR) to provide all elements of the SNA to children and adults with disabilities prior to entry into any segregated residential setting. Ensure that all available resources are examined for inclusion in a service plan that meets the needs of the person with disabilities in the most integrated, appropriate environment.	Partially Implemented	See #15
19	h. Establish a community transfer fund to provide subsidies to people re-entering their communities from institutional placements to purchase minimal personal items needed to setup housekeeping, subsidize rents and deposits, assist with the first month of expenses.	Partially Implemented Target Date: 2005-2011	Part of the federal grant discussed in #15 establishes this fund with \$25,000 in annual funding. The Centers for Independent Living plan to supplement this fund by negotiating agreements with retailers to donate or discount needed items.
20	i. Assure all children (age 0-2) referred for early intervention services receive, a multidisciplinary child evaluation and family needs assessment, and an individualized family service plan (IFSP) and have their plans completed within 45 days to comply with federal law. This can be realized by expanding the number of providers certified to perform these evaluations.		The Bureau of Early Intervention Services was established on July 1, 2003 to provide integrated and consistent early intervention services statewide. This Bureau now contains staff from the programs formerly known as the Happy Program, the First Step Program, the Infant Enhancement Program, the Special Children's clinics, and Community Connections. \$2,140, 436 of additional funding was provided in SFY04 to address increasing caseloads and waiting lists. Over 50 additional staff have been hired since July 1, 2003.
21	j. Examine development of a Medicaid waiver allowing presumptive eligibility of those with severe, long-term disabilities to assure newly injured people in acute hospital settings are not transferred to unnecessarily restrictive settings		DHCFP staff plan to develop a budget concept paper for consideration in the Budget building process for the 2005-2007 biennium to allow for the processing of disability determinations in-house to avoid delays in Medicaid eligibility while a similar Social Security determination is being conducted.
22	k. Assure all eligible at-risk children and adults quickly receive the assessments and Medicaid services they need through a single eligibility application for SSI and Medicaid.	Not Implemented Target Date: 2005-2011	Legislation (SB 138) to establish a single eligibility application was introduced during the 2003 Legislative session, but the bill was not passed. This will be reconsidered for the next legislative session.

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23	l. Implement a statewide system of outsourced mobile units for outreach, assessment and referral of children and adults with disabilities who are homeless and in crisis.	Partially Implemented Target Date: 2005-2011	MHDS received funding for a second PACT team in Las Vegas and mobile crisis team to help address needs of homeless people with mental illnesses.
24	m. Identify the service needs of out-of-state residential placements and develop in-state capability to return those residents to Nevada.	Partially Implemented	<p>MHDS received funding to bring 14 persons back to Nevada from out-of-state during the biennium. At this time, one person has returned and others are in the planning stages. Most returns are planned for later in the biennium. MHDS continues to work to develop more Nevada-based community resources. No additional persons have been placed out-of-state during this biennium.</p> <p>NRS 395 mandates that the departments of education and human resources utilize all available resources to avoid out-of-state and out-of-district placement of students with disabilities. Since FY 2000, out-of-state placements have been reduced from 5 to 2, and out-of-district placements have been reduced from 7 to 5. The creation of the Office of Disability Services should help ensure that such placements are even less common in the future.</p> <p>AB 323 requires DHR to develop a plan to expand capacity for persons with Alzheimer's and other dementias in Nevada to avoid out-of-state placements. A report to the legislature is required by June 30, 2004.</p>
25	n. Children who are segregated or at risk for out-of-home or residential placement (mental retardation, seriously emotional disturbances, autism, and multiple disabilities) will receive setting neutral assessments and individualized, integrated services and supports as guided by the Olmstead decision and related CMS guidelines.	Partially Implemented	See #15 above

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	GOAL 3: Children and adults with disabilities of all ages will receive services expeditiously and in the most integrated environments appropriate to their needs.		
26	Ensure waiting lists for services critical to community integration and avoidance of segregated service environments are regularly expanded and move at a reasonable pace, not to exceed 90 days, 5 days for medication clinics. Those services are identified as medication clinics and treatment for mental illness, Home and Community Based Services (HCBS) personal assistance, and independent living services.	Partially Implemented Target Date: 2005-2011	<p>As of August 2003, MHDS has 107 additional supported living arrangements in place. MHDS also received additional funding to expand medication clinic services to reduce waiting times: rural clinics: \$121,188, NNAMHS: \$3,762,740, SNAMHS: \$3,336,334. This expansion has reduced but not eliminated waiting lists.</p> <p>Aging Services received additional funds to address waiting lists by providing by the end of FY05: 80 additional slots for Medicaid CHIP and 100 additional slots for group care waiver. An additional 33 persons with severe functional disabilities will receive personal care services.</p> <p>DHCFP received funds for 160 additional slots for the Physically Disabled Waiver Program over the biennium.</p> <p>ODS received additional funds to provide personal care services for 30 persons with severe functional disabilities during the biennium.</p>
27	b. Collaborate with Rural Health Task Force to ensure long-term viability of rural health care facilities for enhancement of rural primary health care model and develop a rural PACT service to people with mental illness.		<p>Per Governor's Executive Order, the Accountability Committee for the Strategic Plan for Persons with Disabilities will coordinate with the Rural Health Plan Accountability Committee.</p> <p>MHDS is reviewing the feasibility of developing a rural PACT program. Due to the distances involved, it appears to be more feasible in Western Nevada where the population is more dense, i.e. Carson City, Douglas and Lyon Counties. Additional monies will be needed to develop and maintain a PACT program in rural Nevada.</p>

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28	c. Establish a statewide contract with commercial pharmacies to fill prescriptions for people with mental illness in locations close to where they live.		MHDS has existing contracts with local pharmacies for back-up pharmacy services in Washoe County and Rural areas. SNAMHS is reopening its satellite state pharmacies and replacing contracts with local pharmacies.
29	d. Provide a continuous allotment, through the 10% disability designation of Tobacco Settlement Funds, to ensure families providing primary care to a severely disabled family member receive respite within 90 days of application.	Partially Implemented	Legislation (AB 504) passed during the 2003 session provides that the 10% of tobacco settlement funds designated for people with disabilities be divided among four service areas, including respite. In FY 05 one-quarter of the 10% will be allocated to a prescription program for people with disabilities, and the remaining three-quarters for independent living services, respite services and positive behavioral supports.
30	e. Provide access for children with disabilities to medically necessary services, health care, specialized dental care, medications, medical equipment, and assistive technology.		DHCFP offers Early, Periodic Screening, Diagnosis and Treatment services for children on Medicaid under the age of 21. Medically necessary services of the nature described can be offered even if not typically offered in the State Plan.
31	f. Assure that funding is flexible and services and supports meet the individual needs of the child and family.		
32	g. Provide enhanced state unit funding to school districts to reduce the proportion of local district funds needed for special education programs.	Partially Implemented	In the 2003 session, unit funding was provided with 2% annual increases and an additional student growth factor.
33	h. Develop interagency agreements among local and state programs to implement one primary service coordination system for families of children with disabilities that includes state-defined criteria for roles and responsibilities, uniform training requirements and minimum provider qualifications.	Target Date: 2005-2011	The Bureau of Early Intervention Services was established on July 1, 2003 to provide integrated and consistent early intervention services statewide. This Bureau now contains staff from the programs formerly known as the Happy Program, the First Step Program, the Infant Enhancement Program, the Special Children's clinics, and Community Connections.

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34	i. Monitor and report to each session of the legislature the number of county paid nursing facility residents to ensure that people eligible for Medicaid services by virtue of being institutionalized and having their care paid with 50% county match monies, will be assured equal opportunity for services paid with 100% state funds should they choose to live in the community.		Under the money follows the person initiative, discussed in #15 above, Nevada counties will be engaged to explore the potential for shifting county matching funds for nursing facility services to support community-based services.
35	j. Ensure that waiting lists for medically necessary services to children with disabilities move at a reasonable pace and meet all federal and state regulations.	Target Date: 2005-2011	DHR is authorized to spend \$75,000/year in Maximus revenue to contract with an outside consultant to objectively monitor the progress toward this objective.
36	k. Fully implement the provisions of Senate Bill 174, the Nevada Personal Assistance Services Act, for efficacy in avoiding unnecessary entry into, and transfer from, skilled nursing facilities.	Implemented Target Date: 2005-2011	Now codified under NRS 426, this act has been fully implemented. The state's three agencies providing personal assistance services—Office of Disability Services, Division for Aging Services, and Medicaid—have collaborated to develop standardized procedures in response to this act and to connect services for individuals who fall in between the programs. Additional funds to provide personal care services during the biennium for persons meeting criteria of SB-174 was received to fund: DHCFP - 70 additional slots for the Physically Disabled Waiver Program. ODS - 30 persons for personal care services. Aging Services - 33 additional slots in state-funded CHIP.
37	l. Draft and support legislation allowing state funds allocated to the personal assistance programs administered by Aging Services and the Office of Community Based Services to be carried over into the next fiscal year.		

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38	m. Provide permanent funding for the state's Positive Behavioral Supports Network at a level that, at a minimum, will support adequate training and service delivery to 1,500 families with children with autism and brain injury, and others in need of such interventions to avoid or return from institutional placement and keep families together and in control of their lives. This can be accomplished using the 10% disability designation of Tobacco Settlement Funds.	Partially Implemented Target Date: 2005-2011	Legislation (AB 504) passed during the 2003 session provides that the 10% of tobacco settlement funds designated for people with disabilities be divided among four service areas, including positive behavioral supports. One-quarter of the 10% will be allocated to a prescription program for people with disabilities, and the remaining three-quarters will be used for independent living services, respite services and positive behavioral supports.
39	n. Assure that services provided through Medicaid, Special Education, Independent Living, Maternal and Child Health, Child and Family Services and Vocational Rehabilitation will recognize, plan and fund the positive behavioral supports required by people with behavioral disorders to maintain home, community and educational independence while avoiding institutional placement.	Partially Implemented	With the funding of positive behavioral supports (PBS), as mentioned in #38 above, this process can be introduced into a variety of state programs. It will be recommended to the Task Force for a Healthy Nevada to consider making this an explicit objective of any PBS grants funded by the Task Force, and the legislature might consider a measure to compel agency cooperation, or, cooperative agreements could be advanced within DHR. DHCFF offers Mental Health Rehabilitation services to individuals in their own homes or group care homes. These services include behavioral supports.
40	o. Implement NRS Chapter 629, as included in the Nurse Practice Act, through all state programs providing this service insofar as allowable under federal CMS guidelines.		DHCFF and ODS staff validated with CMS that these services can only be offered under a waiver until the NRS terminology offers comparability to children and adults who have care directed by another. These services are offered under the Physically Disabled Waiver. DHCFF and DAS have discussed the possibility of adding these services to the CHIP waiver.
41	p. Develop methodology for ensuring access to financial assistance and/or subsidies to qualified people with disabilities and families of disabled children who cannot afford the prescription drugs they need in all Nevada counties.	Partially Implemented	Legislation (AB 504) passed during the 2003 session provides that the 10% of tobacco settlement funds designated for people with disabilities be divided among four service areas, including prescription medication supports. One-quarter of the 10% will be allocated to a prescription program for people with disabilities.
	GOAL 4: Children and adults with unique needs will obtain services in a timely and appropriate manner.		

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42	a. Develop policy and provider requirements that seniors with disabilities paid from state and county resources: 1) receive the same level of assessment for independent living needs, utilizing the same functional needs criteria, as do younger children and adults with disabilities, and 2) receive therapeutic services and medication specific to a generally diagnosable mental health condition when they have been previously diagnosed with mental illness rather than labeled with “organic brain syndrome” and left untreated.		
43	b. Develop an inter-local agreement between the Division for Aging Services, the Sanford Center on Aging, and the UNR School of Medicine to assure pre-service professionals in the senior service arena receive training in the underlying issues and potential resolutions to the pain management therapy, ventilator and assistive technology needs of seniors with disabilities, particularly those with spinal cord injury and polio survivors.		
44	c. Promote the use of senior center service delivery systems for seniors with disabilities including those with mental retardation through reasonable changes in programs and facilities.		
45	d. Monitor progress of people with brain injury paid from state resources, whose skills have been lost and will not be regained without immediate rehabilitation, to ensure they receive services consistently and without delay. Report client outcomes, service environments, and costs associated with services for people with brain injury on an annual basis.	Partially Implemented	<p>The new Medicaid Management and Information System, when fully operational, will include functionality that will allow reporting on costs and service environments, based on the diagnosis code for TBI.</p> <p>Outcomes are currently being followed by the state’s major service provider and are being reviewed by the Office of Disability Services. This process needs to be better coordinated and standardized.</p> <p>Medicaid’s new contractor for service approval has been directed to approve or deny requests within 5 days of receipt of a complete request. TBI service requests are not met for those who are in a Medicaid “pending” status.</p>

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46	e. Identify people with cognitive and pervasive developmental disabilities who need independent guardianship opportunities beyond those offered by the public administrator to insure more individual attention and advocacy.		
47	f. Provide orientation and mobility training needed by people who are blind enabling them to move safely and independently in their communities, and the orientation and adjustment services needed to acquire and maintain daily living and independence by excluding these positions from state hiring freezes, assuring positions are filled expeditiously, and promoting the development of a “professional community” of O & M trainers in Nevada.	Partially Implemented	<p>The Rehabilitation Division has filled its Orientation and Mobility Instructor position, which was vacant for 18 months. The division is also utilizing school district instructors on a contractual basis to reduce the backlog of individuals needing training.</p> <p>The Older Blind Independent Living program, however, needs better staffing to meet training needs, but there are no plans currently in place to address the issue.</p>
48	g. Provide training within personal assistance programs to ensure people with autism, other pervasive developmental disabilities and brain injury (who have a high need for a consistent and predictable environment) will obtain caregivers who understand and are trained in their individual particular characteristics and needs.	Implemented Target Date: 2005-2011	Under new training standards, adopted by all three of the State’s major PAS programs, personal assistants will receive one-on-one training to gain an understanding of the subtle distinctions of each individual’s disabling condition and variations required for the delivery of care. Specifically, they will be trained in the nuances of cognitive disability and be given insights into dealing with behavior issues.
49	h. Consistently and objectively consider the unique travel problems, both personal and environmental, faced by blind or visually impaired people when determining eligibility for services through the Para Transit certification process.	Partially Implemented	In northern Nevada, special community and classroom training is provided to individuals who are blind or visually impaired. Need Paul Haugen to check on southern Nevada.
50	i. Fund a statewide interpreter’s (sign language) coordinator and trainer’s office at the state level to ensure interpreters are trained and qualified to do the job effectively and satisfactorily in accordance with NRS 656A.	Partially Implemented	The Office of Disability Services is preparing to re-establish its deaf services coordinator position. While this position is not currently charged with interpreter training or coordination, the job could possibly evolve in that direction if funding were made available. This issue needs further exploration by the accountability committee.

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51	j. Develop a Medicaid HCBS Cognitive Impairment Waiver to assure delivery of the complex and costly array of behavioral services needed by people with brain injury, autism, and other pervasive developmental disabilities and mental illness for their unique behavioral and independent living needs.	Target Date: 2005-2011	
52	k. Continually expand Nevada's Medicaid Buy-In Program to equitably provide, by 2008, medical insurance coverage or wraparound to <u>all</u> people with disabilities who, by virtue of becoming employed, have established an income above poverty level, but cannot obtain the health care coverage and services required to terminate reliance on public benefits.	Partially Implemented Target Date: 2008	Medicaid's Health Insurance for Work Advancement (HIWA) program has a targeted start date of July 2004. Staff will be hired in April 2004 to implement the program. The estimated monthly enrollment is 392 individuals in FY 05. Progress reports, as required in SB 137, will be made to the legislature in October of odd numbered years and June of even numbered years.
53	l. Expand funding for the Homeless Mentally Ill Outreach initiative (H.O.P.E. – Homeless Outreach Pilot Education) program to implement ongoing programs providing intensive outreach and case management services including immediate access to necessary medications and housing.	Target Date: 2005-2011	HOPE grant was not renewed. A second PACT team has been funded to provide service for the homeless SMI population (Clark County only.)
	GOAL 5: Decrease the risk of disability institutionalization in the general disability population by improving and protecting critical health care services.		
54	a. Establish, by Executive Order and legislative resolution, renewed by each succeeding governor and legislative session that, effective July 2003, critical health, mental health, nutrition and personal assistance services to children and adults with disabilities, poor children and frail seniors are <u>exempted from budget cutting during economic downturns</u> .		
55	b. Provide families who act as primary caregivers with the disability education, training and support services needed to effectively provide care to their family member or significant other without undue physical and/or mental hardship.	Target Date: 2005-2011	

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56	c. Develop a statewide single point of entry for affordable, accessible basic health and dental care in all counties and on all reservations, offering specialized disability services through a collaboration of the Nevada Dental School, Federally Qualified Health Centers and Tribal Health Services.	Target Date: 2005-2011	Legislation passed (SCR 11) to encourage the development of a statewide Information & Referral system for health and human services with access by dialing 2-1-1. A 211 Coalition has been formed of public and private entities to plan this service.
57	d. Ensure that appropriate provider rates for Personal Assistance, Community Training Centers, and Supported Living Arrangements are established and adopted by the Nevada Legislature and implemented for all state programs.	Partially Implemented Target Date: 2005-2011	Provider rates for Personal Assistance services are now consistent among Aging Services, Office of Disability Services and DHCFP at \$17.00 per hour. Rates for SLA and CTC will be increased by 15% during this biennium. This is approximately half of the rate increase recommended by the Rate Study (AB 513).
58	e. Annually monitor and report to the Legislative Committee on Children and Families, progress on Project IMPRV, Self-Improvement Plans, IDEA Parts B and C.	Partially Implemented	Based upon a Letter of Intent, the Health Division will be submitting quarterly reports to the Interim Finance Committee. Annual reports will be sent to the Legislative Committee on Children and Families.
59	f. Provide, via a Department of Human Resources directive, that no person whose services are paid from state funds is removed to a more restrictive environment without specific documentation that positive behavioral supports have been fully utilized and failed to correct the presenting issues, identifying how they have been used and why additional restriction is required.		
60	g. Establish a “fast-track” system with priority coding for people with terminal disabilities applying for services from publicly-funded programs, particularly when the condition is expected to rapidly deteriorate.	Partially Implemented	The Office of Disability Services has implemented this policy in its personal assistance services program. This issue needs further exploration by the accountability committee for implementation in other state programs.
61	h. Include in a legislative resolution, renewed by each session of the legislature, language supporting Nevada's motorcycle helmet law as a primary resource for preventing additional catastrophic injuries thereby preserving critical funds for services to currently un- and underserved survivors of traumatic brain injury.	Partially Implemented	A repeal of Nevada’s helmet law (SB 274) was proposed and defeated in the 2003 legislative session. A resolution can be proposed in upcoming legislative sessions.

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62	i. Encourage entities within the University of Nevada systems to provide, training for professionals and parents serving children with autism and other behavioral disorders focusing on best practices for intervention, which include cognition, communication, social-emotional, and behavioral supports.		
63	j. Assure that parents of children with disabilities have the affordable, in-home, individualized support they require to avoid escalation of negative behaviors causing a disruption in family unity, potential injury to family members, and out-of-home placement.	Partially Implemented	The Bureau of Early Intervention Services was established on July 1, 2003 to provide integrated and consistent early intervention services statewide. This Bureau now contains staff from the programs formerly known as the Happy Program, the First Step Program, the Infant Enhancement Program, the Special Children's clinics, and Community Connections. \$2,140, 436 of additional funding was provided in SFY04 to address increasing caseloads and waiting lists. Over 50 additional staff have been hired since July 1, 2003.
64	k. Provide access to crisis supports and services for families who are caring for children with disabilities.		
	GOAL 6: Children and adults with disabilities will not be placed at risk of institutionalization while living independently and/or inclusively in their communities for lack of adequate information and support and will easily and appropriately access the services they require.		
65	a. In collaboration with Nevada counties and United Way organizations, establish and fund a 2-1-1 universal access line with a supplementary No Wrong Door website and community level call centers providing information, referral and resolution assistance.	Partially Implemented Target Date: 2005-2011	Legislation passed during the 2003 session in support of 211 (SCR 11). A 211 coalition has been formed with DHR, United Ways of Nevada, telephone providers and human service agencies.
66	b. Establish a state Office of Disability Services within the Department of Human Resources at the director's level based on the New Jersey model.	Implemented	Legislation passed in the 2003 session (SB 164) establishing the Office of Disability Services.

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67	<ul style="list-style-type: none"> Establish a disability housing liaison position to coordinate housing information and availability throughout the state, identify funding opportunities and promote the attraction of new housing options for children and adults with disabilities; 	Partially Implemented	Funding for this position has been secured through a partnership between the money follows the person grant, mentioned in #15 above, and the Developmental Disabilities Council. Long-term funding will be provided by the DD Council. Recruitment for the position will begin by the end of December 2003.
68	<ul style="list-style-type: none"> Provide business or property tax credits to all developers of single and multi-family dwellings who build units that include basic wheelchair accessibility as outlined in Fair Housing Standards; and, 		This strategy will be one of the objectives pursued by the Housing Specialist outlined in #16.
69	<ul style="list-style-type: none"> Publish, and biennially update, a Review of Community Capacity which: reviews current and projected capacity of Medicaid State Plan services, HCBS waivers, county services and other governmental, and non-profit services across all disabilities; identifies the costs of existing and new community supports; provides a strategy for the expanding and/or restructuring of community services consistent with statement of need; includes waiting list data as a primary basis for planning and reports individual outcomes of service delivery; reports progress in implementing strategic planning goals. 	Implemented Target Date: 2005-2011	SB 164, passed in the 2003 session of the legislature, requires the Office of Disability Services to report to the governor by January 15 th of each year and to the legislature by January 15 th of each odd numbered year on these specific issues.
	GOAL 7: People with disabilities and families of children with disabilities will knowledgeably and appropriately choose and direct the services they receive and receive them at each critical juncture of life.		
70	a. Develop and monitor written information designed to ensure children and adults with disabilities are given accurate eligibility criteria; are fully informed of <u>all</u> available service options in state programs to which they are being admitted, provided a <u>full menu</u> of the scope of services permitted by federal/state guidelines, and given <u>an easily understandable</u> guide to client rights and remedies associated with the program at application to the program; with appropriate assistive technology applied.		

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71	b. Document through annual monitoring reports, which include client/family perceptions, that: <ul style="list-style-type: none"> Goals of consumer and family service plans and the provider(s) to be used in achieving those goals will be established by the consumer, an advocate or family member of his/her choosing. Professionals may guide, but will not direct, establishment of the plan; 	Partially Implemented	This objective has been substantially implemented in a variety of services offered in the broad “independent living” arena. This service philosophy may need strengthening in the medical, educational and vocational service arenas. This issue requires further exploration by the accountability committee,
72	<ul style="list-style-type: none"> Consumer and family placement/service plans will be driven by what is preferred by the consumer rather than by what is readily available; be provided to the consumer; be followed up for changes in need and functioning levels; reflect the holistic needs of the consumer and his or her family for ancillary services and supports; provide needed information on advocacy alternatives; and contain measurable objectives; and, 	Partially Implemented	See #71 above.
73	<ul style="list-style-type: none"> Children and adults with disabilities are informed, in advance, of any decisions made about them, will have their perspectives fully included in those decisions and be informed of their appeal right without disruption in service during the appeals process. 	Partially Implemented	See #71 above.
74	c. Provide special education teachers, through grants to non-profit agencies, needed assistance to develop, case-manage and monitor progress of transition plans for 1,000 students aging out of secondary education in a “second step” demonstration project.	Target Date: 2005-2011	Work similar to this is being done on a small scale by the Parent Training and Information Center, in Washoe and Clark counties. A large-scale demonstration has yet to be pursued.
75	d. Educate parents of all transition age students in the Ticket to Work model through which students/families are able to control their own services.		There needs be a linkage established within the education system to provide this important information.
76	e. Assure that the federal mandate of the Vocational Rehabilitation program to assist people with disabilities to <u>prepare for</u> employment is fully utilized and monitored for successful pre-vocational training and educational outcomes.		

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77	f. Monitor and report to each session of the legislature matched funding returned to the federal government.	Partially Implemented	A formal report has not been assembled. However, one agency of greatest concern, with regard to the returning of federal funds, was Vocational Rehabilitation. That agency has not returned funds to the federal government in the past three years.
78	g. Provide all students with disabilities, as part of their junior year, information and guidance with respect to post secondary application procedures, financial aid, accommodations etc. including those available through Vocational Rehabilitation programs.		Todd requested information from Gloria Dopf.
79	h. Establish pilot program to provide inclusive post-secondary education opportunities to people with cognitive disabilities.		
80	<ul style="list-style-type: none"> Revise post-secondary entrance and eligibility requirements to allow students with cognitive disabilities to qualify for post secondary learning opportunities. 		
81	<ul style="list-style-type: none"> Revise Millennium Scholarship criteria to allow students with cognitive disabilities to earn post secondary certifications while benefiting from campus learning experiences to better prepare them for a life of integration and inclusion. 		
82	i. Require, through a Department of Employment, Training and Rehabilitation directive, that closure outcomes of students with disabilities be reported and published annually and include: age at entry into service; services provided; time in service; service outcome stated in terms of competitive employment, completion of higher education, sheltered workshop, wages and benefits received, homemaker/family worker, self-employed, not working or reason for unsuccessful closure; and, number of total closures ages 10 through 19 and percentage successful.		Vocational Rehabilitation is in the process of implementing a new data system, which is scheduled to go online in February 2004. It is anticipated that most or all of this data will be tracked in this system. One item that needs clarification is the age at which the program can or must begin providing services to a student.

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83	j. Through converting 10% of existing slots, establish a self-determination pilot program in which a minimum of 100 children and adults with disabilities control their own budgets and services with the assistance of fiscal intermediaries and consumer-chosen microboards.	Partially Implemented	As a precursor to this initiative, the University Center for Excellence in Developmental Disabilities (UCEDD) has a contract with Developmental Services to do a pilot project for microboards and to establish the Nevada Microboard Association. The UCEDD has begun by identifying six families statewide and will help them develop Self-Directed Support Corporations. The State DD Council is collaborating with the UCEDD in this project and will assist with funding for training & travel as needed.
84	k. Assist 100 families annually in setting up microboards to advise a family member with a disability in making life choices that would enhance their quality of life without jeopardizing their supports.	Partially Implemented Target Date: 2005-2011	Self-advocacy (self-determination) meetings began in May of 2003 and are convened monthly in the Reno/Sparks area. Three VISTA members (people with developmental disabilities) have been hired to help establish a “People First” self-determination chapter in Nevada. A fourth will be hired within the next month or two. The DD Council is collaborating with the UCEDD in this project with funding for travel for the VISTA members and national self-determination presenters who will support the project.
	GOAL 8: The state system of service delivery and long-term care will be managed and monitored so services in most integrated settings become the norm throughout Nevada.		
85	a. Provide through Legislative Resolution renewed by each session of the legislature that: Budget planning, decision making and rate setting for one or more disability populations or services does not occur in isolation of the others, e.g., supported living arrangements for people with mental retardation vs. those with brain injury/autism, personal assistance for those with physical disabilities vs. those with mental illness, autism, mental retardation; and		

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86	<ul style="list-style-type: none"> Legislative budget requests and forecasting recognize and include the needs of people with severe disabilities and their families with incomes above Medicaid limits, but unable to afford the critical personal assistance, respite, health care, environmental modifications and medications needed to avoid family disruption, impoverishment, exacerbation of disability and institutionalization. 		
87	<p>b. Develop legislative bill draft requests to:</p> <ul style="list-style-type: none"> Implement a legislative interim study to comprehensively review, evaluate and recommend improvements in state data systems for efficacy in providing consistent cross-agency information and meaningful client specific service outcomes needed for decision-making, planning, budgeting, tracking and monitoring costs and outcomes of disability services provided. 	Target Date: 2005	
88	<ul style="list-style-type: none"> Conduct an independent study examining the restructuring of state agency service provision to outsource, through a community grants and voucher systems, all direct service, care and case coordination to non-profit and private entities to strengthen and add independence to planning, coordination and quality assurance functions at the state level. 	Target Date: 2005	
89	c. Review the feasibility of allowing community-based providers to contribute the state's share of available federal matching funds as a "community cash match" to grants and contracts awarded by the state.		
90	d. Continue the Disability Sub-committee of the Legislative Commission as a permanent, standing committee of the Nevada Legislature.	Partially Implemented	Legislation passed in the 2003 session (SB 137) to establish Legislative Committee on Persons with Disabilities

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91	e. Utilize the State Disability Consortium to develop and implement uniform statewide quality assurance measures in all state programs serving people with disabilities to evaluate and report impact, outcome, and consumer satisfaction; consistently solicit consumer perspectives for program improvements; and, assure service provision in the most integrated setting appropriate to individuals in need. Report biennial outcomes to legislative Committees on Health Care and Children and Families.	Partially Implemented	Such a process has been developed and is shared across the State's three personal assistance services program. This protocol may be adapted to other programs and needs to be explored by the accountability committee.
	GOAL 9: Provide independent in-state monitoring and mediation of Olmstead and Americans with Disabilities Act compliance.		
92	a. Establish a cabinet level position to coordinate planning across systems, agencies and disability populations, monitor implementation of strategic planning goals; ensure compliance with provisions of Olmstead and the ADA, oversee the development of a comprehensive, cross agency, data system and assure coordination of state and county resources.	Partially Implemented Target Date: 2005-2011	<p>The beginnings of this approach have begun with the integration of the Office of Disability Services into DHR. The DHR director sits at the cabinet level and receives periodic updates on these issues. The accountability committee will also provide valuable input.</p> <p>Data coordination is being addressed in the State's larger data systems, such as welfare, Medicaid and mental health services, but needs to eventually include small systems at Aging Services and the Office of Disability Services.</p> <p>Accountability Committee will monitor implementation of strategic planning goals.</p>
93	b. Establish an independent, community-based, Disability Ombudsman within one or more legal services entities qualified to receive legal filing fees under NRS 19.031 with statewide responsibility for mediating "integrated settings issues," related to provisions of the Olmstead Decision, the Americans with Disabilities Act, the Individuals with Disabilities Education Act (IDEA), which remain unresolved after exhaustion of available remedies.	Not Implemented Target Date: 2005-2011	This objective was included in the original draft of SB 164 in the 2003 session, but was amended out due to funding considerations.

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94	c. Support passage of legislation to include ADA accessibility guidelines within the State Building Code.		